





**Limerick and Clare Education & Training Board**

**Application form for panel of Outdoor Education Instructors at Kilfinane OETC and Burren OETC**

**Save File as your name+ application. Click on box to enter text, use tab or arrow key to move to next box**

1. **PERSONAL DETAILS**

**Name:** Click here to enter text

**Address:** Click here to enter text

Click here to enter text

**Mobile Phone:** Click here to enter text. **Email:** Click here to enter text.

1. **ELIGIBILITY CRITERIA**

Do you hold the Leaving Certificate or equivalent? Click here to enter text.

Are you eligible to work in Ireland? Click here to enter text.

Do you hold a current first aid qualification? Click here to enter text.

Do you hold Instructor/ leadership qualifications in Adventure sports? Click here to enter text.

Do you have Child Protection Training? Click here to enter text.

1. **GARDA VETTING**

Do you have current Garda vetting via Limerick & Clare Education & Training Board? enter text.

Date of clearance: DD/MM/YYYY ( all successful applicants must be Garda vetted via LCETB before commencement)

1. **EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **School/ College** | **From** | **To** | **Qualifications** |
| Click here to enter text. |  dd/mm/yyyy |  dd/mm/yyyy | Enter text here. |
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1. **DRIVING**

Do you have a current full B1 Car Licence? Click here to enter text.

Do you have a current full D1 Minibus Licence? Click here to enter text.

Do you have a current full ED1 (Minibus with trailer) Licence? Click here to enter text.

1. **FIRST AID QUALIFICATIONS**

Qualification: Click here to enter text. Awarding Body: Click here to enter text.

Expiry date: Click here to enter text.

1. **QUALIFICATIONS & TRAINING** (Please include all training including NGB and in-house training)

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Level of Training** | **Year of Training** | **Award completed Yes/No** |
| enter text. | Click here to enter text.  | enter text. | enter text. |
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1. **Skills/ Competencies: Please give details of any other skills or competencies which may be relevant e.g. experience in Campcraft, Bushcraft, Team Challenges, Environmental Education, Programme design, IT skills etc.**

|  |
| --- |
| Click here to enter text.  |

1. **Other Qualifications/ Training**

|  |
| --- |
| Click here to enter text.  |

1. **EMPLOYMENT RECORD**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer**  | **From** | **To** | **Position & Responsibilities** |
| Enter text here. |  dd/mm/yyyy |  dd/mm/yyyy | Enter text here. |
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1. **REFERENCES ( 2 minimum)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name** |   |  | **First Name** |   |
| **Surname** |   |  | **Surname** |   |
| **Position** |   |  | **Position** |   |
| **Organisation** |   |  | **Organisation** |   |
| **Address** |   |  | **Address** |   |
| **Contact number** |   |  | **Contact number** |   |
| **Email** |   |  | **Email** |   |
| **Permission to contact** |   |  | **Permission to contact** |   |
| **Professional relationship?** |   |  | **Professional relationship?** |   |

1. **HEALTH & FITNESS DECLARATION:** I understand that the position of Outdoor Education Instructor requires a good level of health & fitness. I agree to inform Centre Management of any medical conditions which may be relevant to my safety or the safety of groups in my charge prior to taking up any position with Limerick and Clare Education & Training Board or as they arise during my employment.
2. **GDPR DECLARATION:** I consent to the above information being stored by Limerick and Clare Education & Training Board as required and confirm permission for LCETB to contact me.

Signature of Applicant: Click here to enter text.

Date: Click here to enter text.

Please return completed forms to:

Keith Bickford,

Director

Kilfinane Outdoor Education & Training Centre,

Kilfinane, Co. Limerick

Tel: 063-91161

email: keith.bickford@lcetb.ie